

SHOTLOG

Monthly Planner

Protocols · Doses · Progress



MONTH

YEAR

NAME





SECTION 1

Month Setup

Five minutes at the start of the month sets up everything else. Decide what you're running, what you're aiming for, and what you need on hand.

IN THIS SECTION

- Goals and milestones
- Logging commitments
- Active protocol list (P1–P8)
- Supply check

HOW TO USE IT

- Fill this in before the first dose of the month.
- Copy each protocol's key to its card in the next section.
- Reorder supplies now if anything is short.

Month Setup

Goals, commitments, and what you're running



GOALS FOR THIS MONTH

Target weight _____

Starting weight _____

Waist goal _____

Daily water target _____

Daily protein target _____

MILESTONES

LOGGING COMMITMENTS

LOG	HOW OFTEN	WHEN
Weight		
Measurements		
Hydration		
Meals		
Health check-in		
Progress photos		

FOCUS FOR THE MONTH

ACTIVE PROTOCOLS THIS MONTH

KEY	MEDICATION	DOSE	UNITS	FREQUENCY	TIME	CYCLE / TITRATION
P1						
P2						
P3						
P4						
P5						
P6						
P7						
P8						

One row per protocol card (P1-P8). Cards are in the Protocols section.

SUPPLY CHECK AT MONTH START

ITEM	ON HAND	ENOUGH FOR THE MONTH?	REORDER BY
Vials (per medication)		☐ Yes ☐ No	
Bacteriostatic water		☐ Yes ☐ No	
Syringes		☐ Yes ☐ No	
Alcohol swabs / sharps		☐ Yes ☐ No	



PROTOCOL

SECTION 2

Protocols

One card per medication. The card is the paper twin of a ShotLog protocol: dose, schedule, cycle, and the vial you mixed it from.

IN THIS SECTION

- Eight protocol cards
- Vial and reconstitution record
- Doses-remaining tally
- Titration steps

HOW TO USE IT

- Tick one box in the tally every time you draw a dose.
- Start a fresh vial block each time you mix.
- Use the Reference section to work out concentration and units.

Protocol Cards

One card per medication. Fill in the vial section every time you mix a new one.



P1

Medication _____ Status ☐ Active ☐ Paused ☐ Resting ☐ Planned

Dose _____ Unit ☐ mg ☐ mcg ☐ IU Syringe units _____

Frequency _____ Time of day _____ Route ☐ SubQ ☐ IM ☐ Oral

Start date _____ End date ☐ Indefinite Cycle # _____

Weeks on _____ Weeks off _____ Rest starts _____

VIAL & RECONSTITUTION

Vial size _____

Water added (mL) _____

Concentration (mg/mL) _____

Doses per vial _____

Mixed on _____

Discard by _____

DOSES REMAINING (TICK ONE PER SHOT)

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

TITRATION STEPS

STEP	DOSE	UNITS	FROM	TO

P2

Medication _____ Status ☐ Active ☐ Paused ☐ Resting ☐ Planned

Dose _____ Unit ☐ mg ☐ mcg ☐ IU Syringe units _____

Frequency _____ Time of day _____ Route ☐ SubQ ☐ IM ☐ Oral

Start date _____ End date ☐ Indefinite Cycle # _____

Weeks on _____ Weeks off _____ Rest starts _____

VIAL & RECONSTITUTION

Vial size _____

Water added (mL) _____

Concentration (mg/mL) _____

Doses per vial _____

Mixed on _____

Discard by _____

DOSES REMAINING (TICK ONE PER SHOT)

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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TITRATION STEPS

STEP	DOSE	UNITS	FROM	TO

Protocol Cards

One card per medication. Fill in the vial section every time you mix a new one.



P3

Medication _____ Status ☐ Active ☐ Paused ☐ Resting ☐ Planned

Dose _____ Unit ☐ mg ☐ mcg ☐ IU Syringe units _____

Frequency _____ Time of day _____ Route ☐ SubQ ☐ IM ☐ Oral

Start date _____ End date ☐ Indefinite Cycle # _____

Weeks on _____ Weeks off _____ Rest starts _____

VIAL & RECONSTITUTION

Vial size _____

Water added (mL) _____

Concentration (mg/mL) _____

Doses per vial _____

Mixed on _____

Discard by _____

DOSES REMAINING (TICK ONE PER SHOT)

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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TITRATION STEPS

STEP	DOSE	UNITS	FROM	TO

P4

Medication _____ Status ☐ Active ☐ Paused ☐ Resting ☐ Planned

Dose _____ Unit ☐ mg ☐ mcg ☐ IU Syringe units _____

Frequency _____ Time of day _____ Route ☐ SubQ ☐ IM ☐ Oral

Start date _____ End date ☐ Indefinite Cycle # _____

Weeks on _____ Weeks off _____ Rest starts _____

VIAL & RECONSTITUTION

Vial size _____

Water added (mL) _____

Concentration (mg/mL) _____

Doses per vial _____

Mixed on _____

Discard by _____

DOSES REMAINING (TICK ONE PER SHOT)

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

TITRATION STEPS

STEP	DOSE	UNITS	FROM	TO

Protocol Cards

One card per medication. Fill in the vial section every time you mix a new one.



P5

Medication _____ Status ☐ Active ☐ Paused ☐ Resting ☐ Planned

Dose _____ Unit ☐ mg ☐ mcg ☐ IU Syringe units _____

Frequency _____ Time of day _____ Route ☐ SubQ ☐ IM ☐ Oral

Start date _____ End date ☐ Indefinite Cycle # _____

Weeks on _____ Weeks off _____ Rest starts _____

VIAL & RECONSTITUTION

Vial size _____

Water added (mL) _____

Concentration (mg/mL) _____

Doses per vial _____

Mixed on _____

Discard by _____

DOSES REMAINING (TICK ONE PER SHOT)

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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TITRATION STEPS

STEP	DOSE	UNITS	FROM	TO

P6

Medication _____ Status ☐ Active ☐ Paused ☐ Resting ☐ Planned

Dose _____ Unit ☐ mg ☐ mcg ☐ IU Syringe units _____

Frequency _____ Time of day _____ Route ☐ SubQ ☐ IM ☐ Oral

Start date _____ End date ☐ Indefinite Cycle # _____

Weeks on _____ Weeks off _____ Rest starts _____

VIAL & RECONSTITUTION

Vial size _____

Water added (mL) _____

Concentration (mg/mL) _____

Doses per vial _____

Mixed on _____

Discard by _____

DOSES REMAINING (TICK ONE PER SHOT)

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

TITRATION STEPS

STEP	DOSE	UNITS	FROM	TO

Protocol Cards

One card per medication. Fill in the vial section every time you mix a new one.



P7

Medication _____ Status ☐ Active ☐ Paused ☐ Resting ☐ Planned

Dose _____ Unit ☐ mg ☐ mcg ☐ IU Syringe units _____

Frequency _____ Time of day _____ Route ☐ SubQ ☐ IM ☐ Oral

Start date _____ End date ☐ Indefinite Cycle # _____

Weeks on _____ Weeks off _____ Rest starts _____

VIAL & RECONSTITUTION

Vial size _____

Water added (mL) _____

Concentration (mg/mL) _____

Doses per vial _____

Mixed on _____

Discard by _____

DOSES REMAINING (TICK ONE PER SHOT)

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

TITRATION STEPS

STEP	DOSE	UNITS	FROM	TO

P8

Medication _____ Status ☐ Active ☐ Paused ☐ Resting ☐ Planned

Dose _____ Unit ☐ mg ☐ mcg ☐ IU Syringe units _____

Frequency _____ Time of day _____ Route ☐ SubQ ☐ IM ☐ Oral

Start date _____ End date ☐ Indefinite Cycle # _____

Weeks on _____ Weeks off _____ Rest starts _____

VIAL & RECONSTITUTION

Vial size _____

Water added (mL) _____

Concentration (mg/mL) _____

Doses per vial _____

Mixed on _____

Discard by _____

DOSES REMAINING (TICK ONE PER SHOT)

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

TITRATION STEPS

STEP	DOSE	UNITS	FROM	TO

DOSE. LOG. REPEAT.

SECTION 3

Dose Log

Every shot, in order, with the site it went into. This is the record you'd show a provider, and the one that keeps site rotation honest.

IN THIS SECTION

- Two dose log pages (60 rows)
- Injection site rotation map
- Per-site usage tally

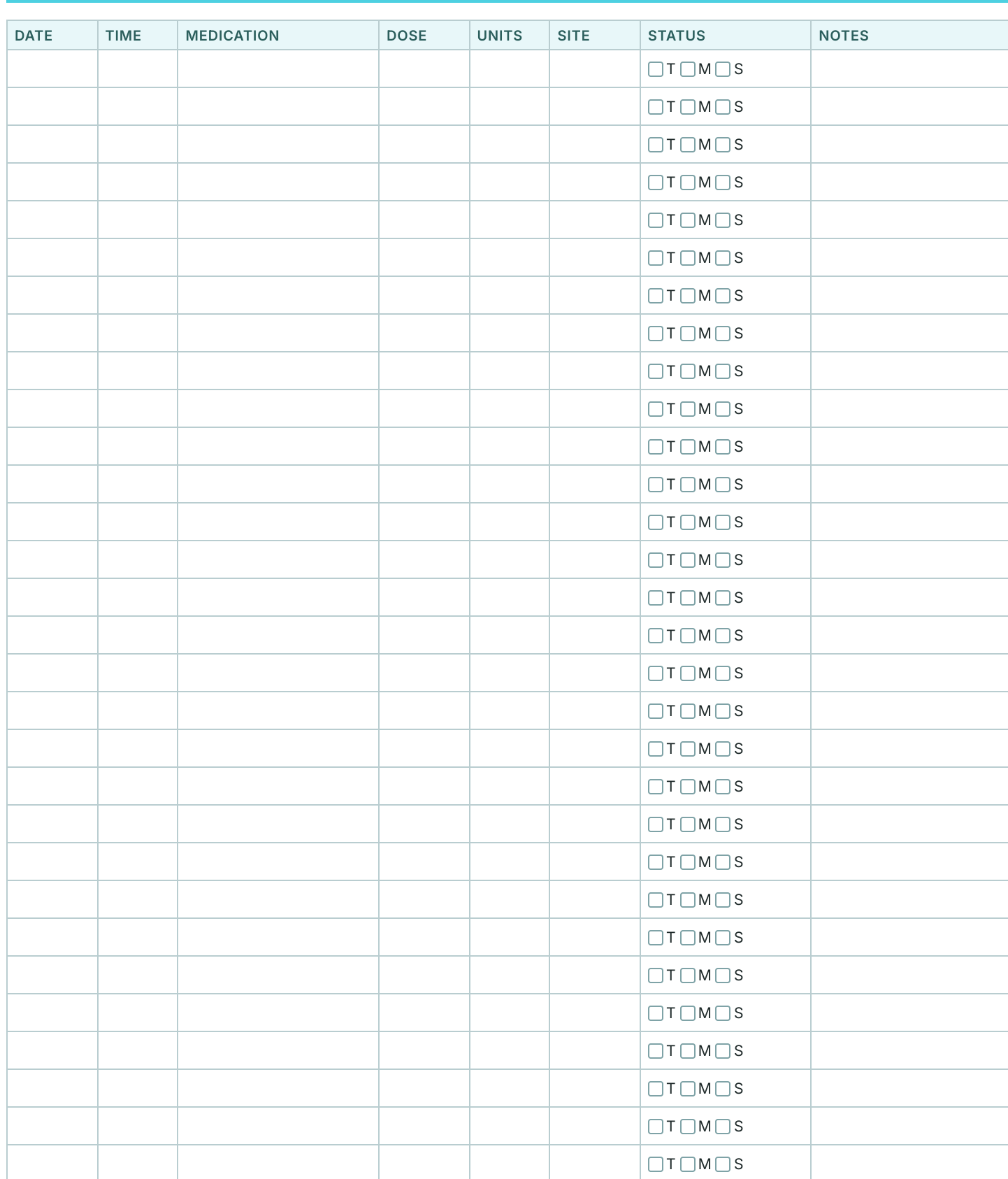
HOW TO USE IT

- Log the shot right after you take it, not at the end of the day.
- Write the site code (A-L, T-R, and so on) from the rotation page.
- Mark missed and skipped doses too. Gaps are data.

Every shot, in order. This is your record.



Continued

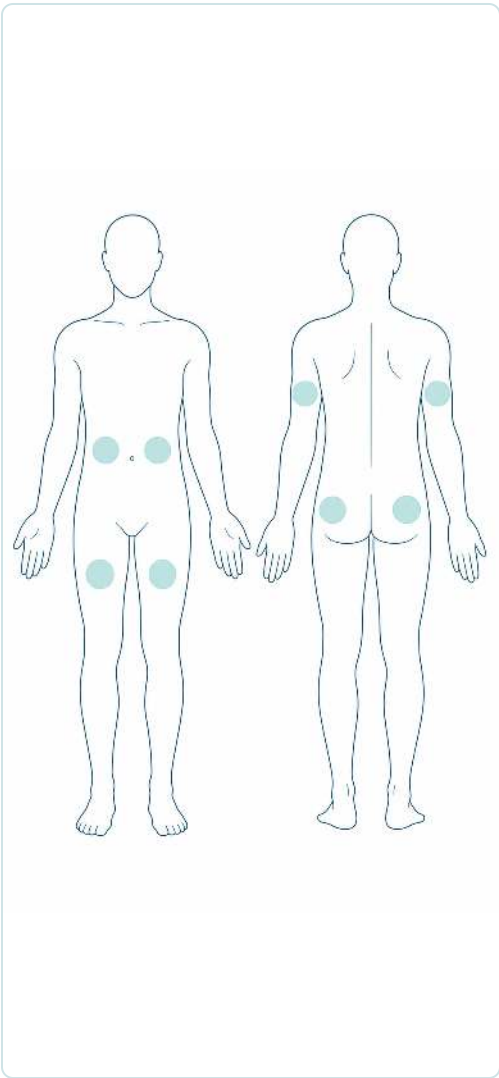


SHOTLOG · MONTHLY PLANNER

Injection Site Rotation



Tick a box each time you use a site. Even tallies mean good rotation.



Front · Back

CODE	SITE	TIMES USED THIS MONTH
A-L	Abdomen, left Stomach area, avoid the navel	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
A-R	Abdomen, right Stomach area, avoid the navel	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
T-L	Thigh, left Front or side of thigh	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
T-R	Thigh, right Front or side of thigh	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
U-L	Upper arm, left Back of upper arm	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
U-R	Upper arm, right Back of upper arm	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
B-L	Buttocks, left Upper outer area	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
B-R	Buttocks, right Upper outer area	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

ROTATION RULES

- Move at least 2–3 cm from the last spot in the same area.
- Alternate sides. Give each area a rest before returning.
- Skip any spot that is bruised, tender, or hardened.
- Custom sites from the app: add them below with your own code.

Custom 1 _____

Custom 2 _____



SECTION 4

Weekly Tracking

Weight, water, food, sleep, and how you actually feel, one week per page.
Trends show up here long before they show on the scale.

IN THIS SECTION

- Five weekly pages
- Daily weight, hydration, protein, calories
- Health check-ins rated 1 to 5
- Weekly measurements and notes

HOW TO USE IT

- Write the date in the first row so weeks line up with the dose log.
- Weigh in at the same time of day.
- Circle a check-in score every evening. It takes ten seconds.

Week 1



Daily tracking. Write the date in the first row, then fill down.

WEEK 1	SUN	MON	TUE	WED	THU	FRI	SAT
Date							
Weight							
Water (glasses)	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□
Protein (g)							
Calories							
Meals logged	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□
Sleep (hours)							
Activity / steps							
HEALTH CHECK-IN CIRCLE: 1 = WORST, 5 = BEST							
Energy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sleep	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Appetite	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Mood	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Nausea / GI	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Injection site OK?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other side effects							

MEASUREMENTS · WEEKLY DATE _____

Waist _____ Hips _____ Chest _____

Neck _____ L arm _____ R arm _____

L thigh _____ R thigh _____ Other _____

NOTES FOR THE WEEK

Week 2



Daily tracking. Write the date in the first row, then fill down.

WEEK 2	SUN	MON	TUE	WED	THU	FRI	SAT
Date							
Weight							
Water (glasses)	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□
Protein (g)							
Calories							
Meals logged	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□
Sleep (hours)							
Activity / steps							
HEALTH CHECK-IN CIRCLE: 1 = WORST, 5 = BEST							
Energy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sleep	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Appetite	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Mood	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Nausea / GI	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Injection site OK?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other side effects							

MEASUREMENTS · WEEKLY DATE _____

Waist _____ Hips _____ Chest _____

Neck _____ L arm _____ R arm _____

L thigh _____ R thigh _____ Other _____

NOTES FOR THE WEEK

Week 3



Daily tracking. Write the date in the first row, then fill down.

WEEK 3	SUN	MON	TUE	WED	THU	FRI	SAT
Date							
Weight							
Water (glasses)	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□
Protein (g)							
Calories							
Meals logged	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□
Sleep (hours)							
Activity / steps							
HEALTH CHECK-IN CIRCLE: 1 = WORST, 5 = BEST							
Energy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sleep	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Appetite	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Mood	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Nausea / GI	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Injection site OK?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other side effects							

MEASUREMENTS · WEEKLY DATE _____

Waist _____ Hips _____ Chest _____

Neck _____ L arm _____ R arm _____

L thigh _____ R thigh _____ Other _____

NOTES FOR THE WEEK

Week 4



Daily tracking. Write the date in the first row, then fill down.

WEEK 4	SUN	MON	TUE	WED	THU	FRI	SAT
Date							
Weight							
Water (glasses)	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□
Protein (g)							
Calories							
Meals logged	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□
Sleep (hours)							
Activity / steps							
HEALTH CHECK-IN CIRCLE: 1 = WORST, 5 = BEST							
Energy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sleep	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Appetite	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Mood	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Nausea / GI	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Injection site OK?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other side effects							

MEASUREMENTS · WEEKLY
DATE _____

Waist _____ Hips _____ Chest _____

Neck _____ L arm _____ R arm _____

L thigh _____ R thigh _____ Other _____

NOTES FOR THE WEEK

Week 5



Daily tracking. Write the date in the first row, then fill down.

WEEK 5	SUN	MON	TUE	WED	THU	FRI	SAT
Date							
Weight							
Water (glasses)	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□	□□□□□□□□
Protein (g)							
Calories							
Meals logged	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□
Sleep (hours)							
Activity / steps							
HEALTH CHECK-IN CIRCLE: 1 = WORST, 5 = BEST							
Energy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sleep	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Appetite	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Mood	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Nausea / GI	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Injection site OK?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other side effects							

MEASUREMENTS · WEEKLY DATE _____

Waist _____ Hips _____ Chest _____

Neck _____ L arm _____ R arm _____

L thigh _____ R thigh _____ Other _____

NOTES FOR THE WEEK



SECTION 5

Monthly Review

Close the month. Photos, numbers, and an honest look at what worked, so next month's setup starts from evidence instead of memory.

IN THIS SECTION

- Progress photo slots
- Start and end numbers
- Adherence calculation
- Questions for your provider

HOW TO USE IT

- Take photos in the same spot and light as last month.
- Count taken and missed doses from the dose log.
- Write down what to change before you forget why.

Monthly Review

Close the month. Compare to your goals on page 2.



PROGRESS PHOTOS

		
Front	Side	Back

Date taken _____

NUMBERS

Start weight _____

End weight _____

Change _____

Waist start / end _____

Doses taken _____

Doses missed _____

Doses skipped _____

Adherence % _____

Weeks logged fully _____

Adherence = $\text{taken} \div (\text{taken} + \text{missed})$. Skipped doses don't count against you.

REVIEW

What worked

What to change next cycle

Questions for my provider



SWIRL, DON'T SHAKE

SECTION 6

Reference

The calculator, on paper. Reconstitution math, lookup tables, supply inventory, labs, and storage reminders.

IN THIS SECTION

- Reconstitution formula with a worked example
- Concentration and units-to-draw tables
- Supply inventory
- Labs and appointments

HOW TO USE IT

- Work the formula once per vial and write the result on the protocol card.
- Double-check any dose under 5 units with the table.
- Log bloodwork dates here so trends can be matched to protocols.

Reference

The calculator, on paper.



RECONSTITUTION FORMULA

1 Concentration

$$\text{vial mg} \div \text{water mL} = \text{mg/mL}$$

2 Units to draw

$$\text{dose mg} \div \text{mg/mL} \times 100 = \text{units}$$

U-100 syringe: 100 units = 1 mL

3 Doses per vial

$$\text{vial mg} \div \text{dose mg} = \text{doses}$$

1 mg = 1,000 mcg

Example: 5 mg vial + 2 mL water = 2.5 mg/mL. A 250 mcg dose is 0.25 mg. $0.25 \div 2.5 \times 100 = 10 \text{ units}$. $5 \div 0.25 = 20 \text{ doses}$ per vial.

CONCENTRATION AFTER MIXING

VIAL	1 ML WATER	2 ML WATER	3 ML WATER
2 mg	2 mg/mL	1 mg/mL	0.67 mg/mL
5 mg	5 mg/mL	2.5 mg/mL	1.67 mg/mL
10 mg	10 mg/mL	5 mg/mL	3.33 mg/mL
15 mg	15 mg/mL	7.5 mg/mL	5 mg/mL
20 mg	20 mg/mL	10 mg/mL	6.67 mg/mL
30 mg	30 mg/mL	15 mg/mL	10 mg/mL

Concentration = vial mg ÷ water mL.

UNITS TO DRAW (U-100 SYRINGE)

DOSE	1 MG/ML	2 MG/ML	2.5 MG/ML	5 MG/ML	10 MG/ML
0.1 mg	10	5	4	2	1
0.25 mg	25	12.5	10	5	2.5
0.5 mg	50	25	20	10	5
1 mg	100	50	40	20	10
2.5 mg	–	–	100	50	25
5 mg	–	–	–	100	50

Units = dose mg ÷ concentration × 100. Dash = more than one full syringe. 1 mg = 1,000 mcg.

SUPPLY INVENTORY

ITEM	QTY	LOT	ORDERED	EXPIRES	REORDER AT

LABS & APPOINTMENTS

DATE	TYPE	PROVIDER	RESULT / NOTES

STORAGE REMINDERS

- Unmixed vials: keep refrigerated or frozen per the label; keep away from light.
- Mixed vials: refrigerate at 2–8 °C, note the mix date on the card, use within the window your supplier lists.
- Never reuse syringes. Use a sharps container.



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Everything in this planner, automated: dose reminders, protocol schedules, vial math, biolevel graphs, and a logbook you can export for your provider. Free on iPhone and Android.

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